

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVN326AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/21/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>ODD FELLOWS RETIRE MANOR INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1155 BEECH ST RENO, NV 89512</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 8/21/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for 118 Residential Facility for Group beds for elderly and disabled persons, Category I residents. The census at the time of the survey was 105. Twenty-five resident files were reviewed and 12 employee files were reviewed. One discharged resident file was reviewed.  The following deficiencies were identified:	Y 000		
Y 250 SS=F	449.217(1) Kitchens-Equipment works; Clean and Sanitary  NAC 449.217 1. The equipment in a kitchen of a residential facility and the size of the kitchen must be adequate for the number of residents in the facility. The kitchen and the equipment must be clean and must allow for the sanitary preparation of food. The equipment must be in good working condition.  This Regulation is not met as evidenced by: Based on observation, interview, and record review on 8/21/08, the facility did not ensure that its kitchen allowed for the sanitary preparation of food.  Findings include:	Y 250		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 250	<p>Continued From page 1</p> <p>A tour of the kitchen at 10:00 AM revealed the following:</p> <p>Refrigerators: The integral thermometer in the refrigerator was broken. A carton of eggs was stored above the section containing cooked meat. A container of sour cream had an expiration date of 7/26/08.</p> <p>Personnel: A food service employee was observed eating a piece of cake in the kitchen. Another employee did not wear gloves while preparing a large bowl of potato salad.</p> <p>Food temperatures: Lunch tray line food temperatures indicated a reading of 46 degrees Farenheit (F) for the potato salad and 120 degrees F for the mixed vegetables. Potentially hazardous foods must be kept at an internal temperature of 40 degrees F or below, or at 140 degrees F or above while being displayed or served. According to Employee #4, the potato salad had not been prepared with chilled mayonnaise. The facility corrected this by placing the potato salad into smaller containers for refrigeration until just before meal service. The employee stated that in the future, chilled ingredients would be used in the preparation of salads. The vegetables were reheated in hot water before being placed on the tray line.</p> <p>The food temperature log revealed that temperatures of breakfast items served that morning had not been recorded.</p> <p>Severity: 2 Scope: 3</p>	Y 250			

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Y 274  Y 274 SS=C	Continued From page 2  449.2175(5) Menus  NAC 449.2175 5. Any substitution for an item on the menu must be documented and kept on file with the menu for at least 90 days after the substitution occurs. A substitution must be posted in a conspicuous place during the service of the meal.  This Regulation is not met as evidenced by: Based on interview and record review on 8/21/08, the facility did not ensure that any modification to the planned menu was documented and kept on file for 90 days.  Findings include:  A review of the facility's menus indicated that substitutions had not been documented and kept on file for 90 days. According to Employee #4 food substitutions were written on posted menus but those menus were not kept on file.  Severity: 1 Scope: 3	Y 274  Y 274		
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident  NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for	Y 859		

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Y 859	<p>Continued From page 3</p> <p>pursuant to any instructions provided by the resident's physician.</p> <p>This Regulation is not met as evidenced by: Based on record review on 8/21/08, the facility did not ensure 1 of 25 residents had evidence of a physical examination on admission (#8); that 1 of 25 residents had evidence of a physical within six months of his admission (#18); and that 4 of 25 residents had evidence of an annual physical examination (#8, #15, #17, #24).</p> <p>Findings include:</p> <p>Resident #8: The resident was admitted on 2/17/06 and the initial physical found in his file was dated 6/13/06, four months after his admission. There was no evidence in the resident's file of an annual physical examination in 2007. His next physical was dated 5/22/08.</p> <p>Resident #15: The resident was admitted on 10/5/06 with a physical examination completed on 5/3/06. There was no evidence in the file of annual physical examinations in 2007 or 2008.</p> <p>Resident #17: The resident was admitted on 6/27/07 and his initial physical was dated 6/22/07. There was no evidence of an annual physical in the resident's file for 2008.</p> <p>Resident #18: The resident was admitted on 3/17/08. The initial physical in the resident's file was dated 5/10/07, more than six months before his admission.</p>	Y 859		

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Y 859	Continued From page 4  Resident #24: The resident was admitted on 11/2/05 and there was no evidence of an annual physical in 2007.  Severity: 2 Scope: 1	Y 859		
Y 898 SS=D	449.2744(1)(b)(4) Medication / MAR  NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.  This Regulation is not met as evidenced by: Based on record review and interview on 8/21/08, the facility did not ensure the instructions for administering medications to 1 of 25 residents matched the medication prescription.  Findings include:  Resident #15: The August 2008 medication administration record (MAR) for the resident listed Furosemide 40 mg, one time a day. The medication bottle indicated the resident was prescribed 20 mg two times a day. The MAR also listed Warfarin, one tablet daily except 1/2 tablet on Wednesday. The medication bottle indicated the resident was prescribed 1 1/2	Y 898		

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Y 898	Continued From page 5  tablets on Monday, Tuesday, Thursday, Saturday and Sunday; 1 tablet Wednesday and Friday. The administrator reported the resident's physician changed the orders for the two medications. The administrator was unable to locate copies of the physician orders for the two medications for clarification.  Severity: 2 Scope: 1	Y 898			
Y 936 SS=D	449.2749(1)(e) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.  This Regulation is not met as evidenced by: Based on record review on 8/21/08, the facility did not ensure 1 of 25 residents met the requirements for initial tuberculosis (TB) testing (#1) and did not ensure that 2 of 25 residents met the requirements for annual TB testing and/or signs and symptoms review (#1, #3).  Findings include:  Resident #1: The resident tested positive for TB on 8/5/06; had a chest x-ray 9/5/06 and a signs and symptoms review completed in August 2007.	Y 936			

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Y 936	Continued From page 6  There was no evidence of a signs and symptoms review for 2008.  Resident #20: The resident was admitted on 11/5/07 and completed a one-step TB test on 11/5/07. There was no evidence of a second step in the resident's file. The resident needs to complete a one-step TB test to be in compliance for a two-step TB test.  Resident #23: The resident was admitted on 9/29/03 and completed an annual one-step TB test on 5/4/07. There was no evidence of an annual TB test in 2008, therefore the resident would require a two step TB test.  This was a repeat deficiency from the 8/23/07 annual State Licensure survey.  Severity: 2 Scope: 1	Y 936			
YA101 SS=F	449.200(1)(a-f)Personnel Files  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (a) The name, address, telephone number and social security number of the employee; (b) The date on which the employee began his employment at the residential facility; (c) Records relating to the training received by the employee; (d) The health certificates required pursuant to chapter 441 of NAC for the employee; (e) Evidence that the references supplied by the employee were checked by the residential facility; and (f) Evidence of compliance with NRS 449.176 to	YA101			

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YA101	<p>Continued From page 7</p> <p>449.185, inclusive.</p> <p>This Regulation is not met as evidenced by: Based on review of employee health files on 8/21/08, the facility did not ensure 5 of 12 employees had evidence of a physical examination in their file (#2, #5, #6, #8, #11, #12); 3 of 12 employees did not have evidence of completion of 2-step Mantoux tuberculin (TB) skin test in their file (#9, #10, #12); and 4 of 4 employees with responsibility for resident supervision had evidence of annual training in their files.</p> <p>Findings include:</p> <p>Physical Examination: Employee #2: The employee was hired on 2/23/08. There was no evidence in the file of a physical examination.</p> <p>Employee #5: The employee was hired on 7/3/06. There was no evidence in the file of a physical examination.</p> <p>Employee #6: The employee was hired on 4/27/06. There was no evidence in the file of a physical examination.</p> <p>Employee #8: The employee was hired on 7/3/06. There was no evidence in the file of a physical examination. This employee was cited in the 8/10/06 and 8/23/07 annual surveys for not having evidence of a physician's examination in her employee file. There was no evidence the employee obtained a physical examination since</p>	YA101			

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YA101	<p>Continued From page 8</p> <p>the last survey. Repeat deficiency.</p> <p>Employee #11: The employee was hired on 6/25/07. There was no evidence in the file of a physical examination.</p> <p>Employee #12: The employee was hired on 7/14/08. There was no evidence in the file of a physical examination.</p> <p>Tuberculosis (TB) Testing: Employees #9 and #10: The employees were hired on 1/31/08. Their records showed the employees completed only the first tests of their initial 2-step TB skin tests on 1/28/08. There was no evidence in their files of completing the second tests in accordance with NAC 441A.</p> <p>Employee #12: The employee was hired on 7/14/08. The record also showed the employee completed only the first test of the initial 2-step TB skin test on 7/14/08. There was no evidence in the file of the employee completing the second test in accordance with NAC 441A.</p> <p>Criminal background checks started within 10 days of hire: Employee #2: The employee was re-hired on 2/23/08 after terminating her employment on 12/30/02. The employee did not obtain fingerprints for a new background check until 4/10/08. There was also no evidence of a signed criminal history statement in the employee's file.</p> <p>Employee #4: The employee was re-hired on 7/30/08 and did not obtain new fingerprints until 8/15/08.</p> <p>Employee #7: The employee was hired on 2/4/08 and there was no evidence of fingerprints or a</p>	YA101		

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YA101	<p>Continued From page 9</p> <p>completed background check in the employee's file.</p> <p>Employees #9 and #10: The employees were both hired on 1/31/08. The employees did not obtain fingerprints until 2/21/08.</p> <p>Training: Employees #5 and #8 are night supervisors, and #9 is a relief night supervisors. The three employees did not have evidence of at least eight hours of training in their employee files.</p> <p>Severity: 2 Scope: 3</p>	YA101			

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